

**ASSESSMENT OF IMPACT OF ARV DRUGS TRAINING PROVISION ON
PERFORMANCE OF SERVICE DELIVERY: A CASE STUDY AT TEMEKE
MUNICIPAL**

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**A DISSERTATION SUBMITTED IN A PARTIAL FULFILMENT OF THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF HUMAN
RESOURCE MANAGEMENT OF THE OPEN UNIVERSITY OF TANZANIA**

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CERTIFICATION

The undersigned certifies that he has ready and hereby recommends for the acceptance by the Open University of Tanzania a dissertation entitled “**Assessment of Impact of ARV Drugs Training Provision on Performance of Service Delivery: A Case Study at Temeke Municipal**” in partial fulfillment of the requirements for the Degree of Master of Human Resource and Management of the Open University of Tanzania.

.....
Dr. Salvio Macha

(Supervisor)

.....
Date

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DECLARATION

I, **Monica Somwami**, do hereby declare that this dissertation is my own original work, and unless specifically indicated in the text and that it has not been submitted and will not be presented to any other university or institution for similar or any other degree award.

.....

Signature

.....

Date

DEDICATION

This work is dedicated to my beloved husband James Andrew Macheta, who inspired me through prayers, encouragement, love and affection, also my beloved mother Mrs. Leonarda Msensemya and my father the late Mr. Ponsiano Msensemya who brought me into this world for their support and sacrifice they made for my education which enable me to reach this stage.

Third, my special thanks should also go to my beloved daughter Mary Isabela James, for her prayers, patience which added strength for completion of this work. Special thanks to my family again for missing me in those moments when they wanted me to be with them.

Finally, but not the least, my sincere thanks are also due to my brothers Mr. Daudi Mayocha, Mr. Andrew Kazembe and their wives Mrs. Beatrice Mayocha and Mrs. Eva Kazembe. Thank you for your invaluable sacrifices to make sure I got a good education, for believing in, loving, and encouraging me. I can never pay you back. I ask the Almighty God to bless you.

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ABSTRACT

Antiretroviral therapy (ART) has been life saving for hundreds of thousands of Tanzanians affected with HIV/AIDS disease. With increased availability of (ART) in recent years, achievement of optimal adherence and patient retention are becoming the greatest challenges in the management of HIV/AIDS in Tanzania. The study was conducted in health facilities located in Temeke Municipality, its general objective was to investigate the influence of training to ARV's drug providers in the health facilities at Dar-es-salaam. The study was guided by two objectives; the general objective and specific objectives to find out how training have influenced performance of health care providers in provision of ARV. The theoretical framework for the study was constructed on the pillars of Kirkpatrick's Learning and Training Evaluation Theory from this theoretical framework it was expected that ARV's drugs providers have been competent in dispensing ARV drugs in different health facilities. Two main data collection methods were used, questionnaire, which were completed by 85% of doctors, pharmacists and stock managers, and oral interview. The study revealed that, there was no sufficient time for health care providers to grasp in detail to improve their performance in their line of duty during the training. Also there are the challenges in implementing training which were minimum resources and fear of labour turn over. Temeke Municipal should build the capacity of health care providers by facilitating the training in order to increase skills and knowledge in provision of ART and in management of patient who have been affected with HIV/AIDS disease.

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LIST OF ABBREVIATIONS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti retrovirus Therapy
ARV	Anti retrovirus Therapy
AZT	Azidothymidine
BRN	Big Results Now
CTC	Care and Treatment Clinics
FDA	Food Drug Administration
HIV	Human Immunodeficiency Virus
HCP	Health Care Provider
I-TECH	International Training and Education Centre
MOHSW	Ministry of Health and Social Welfare
MSD	Medical Stores Department
NACP	National AIDS Control Program
NIMR	National Institute for Medical Research
TACAIDS	Tanzania Commission for AIDS
TB	Tuberculosis
PITC	Provider Initiative Testing and Counseling
PMTCT	Prevention Mother to Child therapy
QI	Quality Improvement
US	United States
WHO	World Health Organization

CHAPTER ONE

INTRODUCTION

1.1 Background of the Study

The advances in the knowledge of human immune deficiency virus (HIV) biology, pathogenesis and therapy, and their dramatic positive consequences on HIV-related morbidity and mortality are quite unique in the history of medicine. Today, antiretroviral (ARV) therapy is potent, convenient and usually well tolerated, capable of reducing HIV blood concentration to undetectable values within a few weeks from treatment initiation and of inducing a robust and sustained CD4 T-cell gain [1, 2].

Grant R.M, Lama J.R, Anderson P.L, *et al.* (2010).

Despite these unquestioned successes, the problem is far from being solved, even in countries with full access to antiretroviral treatment, life expectancy of people under ARV therapy remains lower with respect to that of uninfected people. Furthermore, Large populations of HIV infected individuals are not diagnosed remain untreated or enter treatment at a very late stage of diseases. Undiagnosed and untreated population represents an infected reservoir that increases HIV transmission Montaner J. S, Wood E, Kerr T, *et al.* (2010).

HIV/AIDS not only represents the most severe epidemic in modern times, but also the greatest public health challenge in history. The response of the scientific community has been impressive and in just a few years, turned an inevitably fatal disease into a chronic manageable although not yet curable condition. The development of antiretroviral therapy is not only the history of scientific

advancements, it is the result of the passionate ‘alliance’ towards a common goal between researchers, doctors and nurses, pharmaceutical industries, regulators, public health officials and the community of HIV-infected patients, which is rather unique in the history of medicine. In addition, the rapid and progressive development of antiretroviral therapy has not only proven to be life-saving for many millions but has been instrumental in unveiling the inequities in access to health between rich and poor countries of the world. Vella, S, Murphy, L. R (2012).

Highly active antiretroviral therapy (HAART) imposes a requirement for higher standards of care for HIV/AIDS even among the developed countries. (Landon et al., 2005, Health et al., 1997). In resource limited countries the resource to meet this requirement is compounded by brain drain as health care workers migrate to better officers outside their borders and especially to the U.S and Europe, the loss of workers to the AIDS epidemic, and the fact that there were few trained and qualified staff before the AIDS crisis. Gumodoka, Favot, Berege, & Dolmans, 1997; Provision of antiretroviral therapy is also relatively new in resource limited countries and as such health care providers have not accumulated enough experience in HIV/AIDS care. Many of the countries most affected by the HIV/AIDS epidemic, Swaziland included, therefore recognizes the need to increase the number of health care providers in order to increase the capacity to cope with the need for quality HIV/AIDS care.

Training to ARV's drug providers presents a prime opportunity to expand the knowledge in improving the performance to health care providers.

The purpose of this study was to determine the impact of training to ARV drug providers to improve the capacity of health care providers to provide HIV/AIDS care and treatment in Temeke Municipal.

1.2 Statement of the Research Problem

Tanzania began to provide care and treatment services including the provision of anti-retroviral drugs (ARVs) in October 2004. The target for the first year was to cover 44,000 patients on ARVs. 96 care and treatment providing facilities were selected to initiate the services. They included 4 referral hospitals (Muhimbili, KCMC, Bugando and Mbeya), all-regional some district, private and faith based organization hospitals. During that period, the national guidelines for management of HIV/AIDS in Tanzania and other program management tools were developed.

The tools were for assessment of facilities providing care and treatment services, monitoring and evaluation of patients and overall program monitoring. Training curriculum and materials for capacity building of health care workers on the comprehensive management of HIV/AIDS were also developed. (Tanzania Commission for AIDS. 2014; TACAIDS, 2014).

Implementation of HIV care and treatment programs in sub-Saharan Africa is a complex undertaking that requires training of health care providers (HCPs). Many sub-Saharan African countries have introduced training programs to build human resources for health. Evaluation of the ongoing trainings is warranted so that programs can be improved, Kamiru, H. N (2013).

People living with HIV and AIDS requires an increased effort to ensure the availability of not only ARVs, but also well trained staff, adequate space and supporting facilities such as laboratories and counseling facilities (National Guidelines For The Management of HIV and AIDS National AIDS Control Programme. 2012; NACP, 2012).

This is the big challenge to health facilities owners, medical personnel and clients. This study would like to investigate the impact of the training program on health care providers' knowledge about HIV and pediatric practices, attitudes towards HIV/AIDS patients, and self-efficacy to provide ART.

1.3 Objective of the Study

The study was be guided by both general and specific objectives.

1.3.1 General Objective

The general objective of the study was to assess the impact of ARV drugs training to performance service delivery in the health facilities in Dar-es-salaam at Temeke Municipal.

1.3.2 Specific Objectives

- (i) To assess relevance of training to ARV's drugs providers to performance of service delivery in health facilities at Temeke Municipal.
- (ii) To assess effectiveness of training programs on ARV's drugs providers to performance of service delivery in health facilities at Temeke Municipal.

- (iii) To evaluate outcome of training to ARV's drugs providers to performance of service delivery in health facilities.

1.4 Research Questions

- (i) Is the training provided to ARV drug providers relevant to health services delivery performance?
- (ii) How effective are training programs on ARV's drug providers have been to service delivery in health facilities?
- (iii) What has been service provision outcome after training to ARV's drug providers to service delivery performance in health activities?

1.5 Scope of the Study

The study focus on the impact of training to the management of ARV's drug providers, driving factors to the problem and its implication in the health sector at Temeke Municipal and the country at large.

It is not possible to cover all hospitals in Dar-es-salaam region due to the fact that health centers are massively distributed in number and according to the time and money constrain the study was conducted at Temeke Municipal only.

1.6 Significant of the Study

The study was important in the following ways:

- (i) It aimed to bring attention on number of factors that facilitate to the training for the Temeke hospitals in Temeke Municipal and provide the suggestion of the solution on what to be done to improve health service.

- (ii) It intended to seek the extent to which ARV drug health providers at Temeke hospital have been established.
- (iii) The study intended to be a base to Ministry of Health and Social Welfare in the training of health providers at recruiting time or on job training for being proactive and adopt retention strategies in the process.
- (iv) This study can be an empirical literature to other researchers intending to work in this area of study, it is also basic for the awarding of the master`s degree of Human Resource Management in Open University of Tanzania.

1.6 Organization of the Study

This research dissertation comprises of five chapters. Chapter one up to three were part of research proposal, where by chapter one includes background of the study, statement of the problem, objective of the study, scope of the study and significance of the study.

Chapter two comprises of conceptual definitions, critical theoretical review where by various theories related to the study analyzed. In chapter two also a researcher shows the conceptual framework of the study where by independent and dependent variables are explained. In chapter three a researcher talks about research methodology where by area of the research survey, sample size and data collection tools identified.

Chapter four is the research findings, analysis and discussion of findings and chapter five is the conclusion and recommendation of the study, where a researcher has concluded and made recommendation on the study.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter deals with the theoretical and conceptual framework and review of related literature. The literature review is presented in accordance with the study objectives.

2.2 Conceptual Definitions

2.2.1 Training

According to book of Ngirwa, C. (2005). Training is a learning process in which people acquire knowledge, skills, experience and attitudes that they need in order to perform their jobs well for the achievement of their organizations' goals. Thus employee training is a learning process in which employees acquire knowledge, skills, experience and attitudes that enable them to achieve their organizational and individual goals.

Employee Performance Capability = $K + S + E + A$

Where by;

K stand for Knowledge

S stand for Skills

E stand for Experience

A stand for Attitudes

The main objective of training is to try to maintain a continued balance of the above equation. Ngirwa, C. (2005). Training is the process of increasing the knowledge and

skills for doing balance of the above equation. Ngirwa, C. (2005). Training is the process of increasing the knowledge and skills for doing a particular job. It is an organized procedure by which people learn knowledge and skill for a definite purpose. The purpose of training is basically to bridge the gap between job requirements and present competence of an employee. Training is aimed at improving the behavior and performance of a person. It is a never ending or continuous process. Gupta, C.B (2011), said that training is closely related with education and development but needs to be differentiated from these terms.

According to Ngirwa, C. (2005). The specific responsibilities of training managers or offices are as follows. To conduct training need assessments. Solicits information regarding training institutions i.e. venues, particulars of program being offered, qualifications and experience of resource persons employed, training facilities and current training fees charged also prepares skill training materials. Another thing is to conduct or arrange for off the job training. Co-ordinates all trained efforts. Provides inputs and expertise in the organizational development programmes. Co-ordinates career plans and employee development efforts. Prepares the training and development budget. Prepares the training schedule and co-ordinates its implementation in accordance with the budget and performance needs of the organization. Evaluates training and development efforts and provides feedback to the Employees` user departments and external trainers where appropriate. Evaluates trainers and recommends or dis-recommend their reappointment. Maintains records related to training program, trainers, fees charged, as well as the times when the programs are offered.

2.2.2 Training and Development

Training involves an expert working with learners to transfer to them certain areas of knowledge or skills to improve in their current jobs. Development is a broad term, ongoing multi-faceted set of activities (training activities among them) to bring someone or organization up to another threshold of performance, often to perform some job or a new role in the future, (Torrington and Hall, 1998).

In the field of human resource management, training and development is the field concerned with organizational activity aimed at bettering the performance of individuals and groups in organizational settings. It has been known by several names, including employee development, human resource development learning and development.

2.2.3 Management

Management includes planning, organizing, staffing, leading or directing and controlling an organization to accomplish the goal. It is the function that coordinates the efforts of people to accomplish goals and objectives using available resources efficiently and effectively. Management is the process of reaching organizational goals by working with and through people and other organizational resources. Decenzo, D. A. and Robbins, S. P. (1998).

2.2.4 ARV Drug

According to a study published online by Fauci, A.S “Toward an AIDS free generation” (2012). The advances in the knowledge of Human Immunodeficiency Virus (HIV) biology, pathogenesis and therapy, and their dramatic positive

consequences on HIV related morbidity and mortality are quite unique in the history of medicine. Today Antiretroviral (ARV) therapy is potent, convenient and usually well tolerated, capable of reducing HIV blood concentration to undetectable values within a few weeks from treatment initiation and of inducing a robust and sustained CD4 T-cell gain.

Under the name AZT, it became the vanguard of medicine in the fight against the Human Immunodeficiency Virus (HIV). AZT was seen as a breakthrough the first medication that seemed to attack the virus itself. It was thus the first real hope for people infected with HIV.

In 1986 a clinical trial on patients in eight American cities was stopped after four months because AZT seemed to have such dramatic effects on the virus. The next year AZT (Retrovir) became available commercially as the first antiretroviral to be registered by the US Food and Drug Administration (FDA).

2.3 Critical Theoretical Review

2.3.1 Kirkpatrick's Learning and Training Evaluation Theory

Kirkpatrick (1994) proposed four levels of evaluation model essentially measure:

(i) Reactions

A training program can be evaluated in terms of the trainees' reactions to the objectives, contents and methods of training. In case the trainees considered the program worthwhile and like it, the training can be considered effective.

(ii) Learning

The extent to which the trainees have learnt the desired knowledge and skills during the training period is a useful basis of evaluating training effectiveness.

(iii) Behaviour

Improvement in the job behavior of the trainees reflects the manner and extent to which the learning has been applied to the job.

(iv) Results

The ultimate results in terms of productivity improvement, quality improvement, cost reduction, accident reduction, reduction in labour turn over and absenteeism are the best criteria for evaluating training effectiveness.

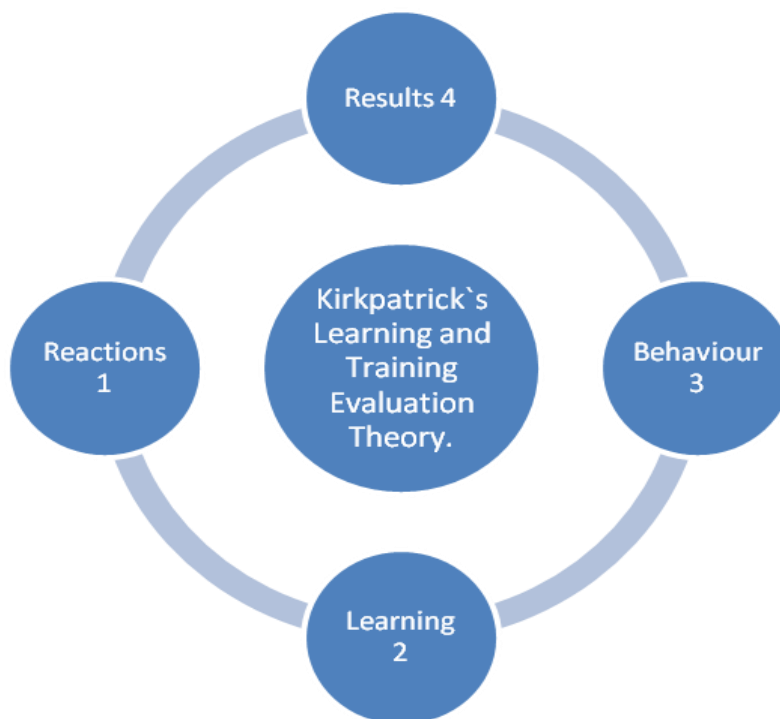


Figure 2.1: Kirkpatrick's Learning and Training Evaluation Theory

Source: Field Data (2015)

According to the theory, it helps the ARV's health providers to identify, understand and priorities in terms of skills, knowledge, experience and attitude in dealing with patients who have been affected with HIV and those who have started to use ARV drugs.

The theory suggest to distribute and analyze questionnaires where by the ARV drug providers were asked questions if they think the course was useful, and what improvements can they suggest in proving those drugs in efficient ways. The theory also administers written tests, performance tests and graded simulations. This helps to know, to what extent do health providers have greater knowledge or skill after the training program than they did before.

The theory suggest to collect performance data from superior, peer, client and subordinate. This has been evaluated against the behavior of health providers if they behave differently on the job after training, also if they are using skills and knowledge they learned in training. Finally the theory evaluate the results, if the hospital is better because of training by measuring quality of service, morale of the health providers and costs.

The theory indicates that ARV health providers needs to be evaluated in four levels; reactions, learning, behavior and results. The theory also serves as a good start from which researcher explorer the impact of training on the management of ARV's drugs providers. As described in Barrington and Stimpson (2009) there should be clear objectives for training employees. Training is often needed to:

Introduce a new process or new equivalent, improve the efficiency of the workforce, provide training for the unskilled workers to make them more valuable to the firm, decrease the supervision needed, improve the opportunity for internal promotions such as specific skills communication and behavior, decrease the chance of accidents and employment should be clear about the benefits of the training otherwise they don't work hard and take the training seriously.

Torrington and Hall (2010) concluded that employee training program or initiatives are an integral part of the Human resource vision and long term strategic objectives of an organization. Through timely, controlled and intelligently developed training programs, employees develop requisite capabilities and new skills to perform assigned jobs consistently and successfully. Ultimately, carefully devised and implemented employee training programs should impact the organizational competitiveness, long term performance and overall productivity.

2.3 Empirical Literature Review

This section aimed at identifying the research gaps deduced from the impact of training on the management of ARV drugs providers. Scholars have approached the issue of impact of training at international level and at national level. Since it affects across the professions and disciplines. The International Training and Education Center on HIV (I-TECH), in collaboration between the university of Washington and university of California San Francisco, is a global AIDS training program working at the invitation of Ministries of Health and the US government to increase human and institutional capacity for care and treatment in countries hardest hit by the AIDS epidemic.

Harries et al., (2011) argued that adherence problems would constitute a perceived significant barrier to the delivery of ART in Sub-Saharan Africa. They warned that unregulated access to ARV's in Sub-Saharan Africa could lead to the rapid emergence of drug resistance viral strains and individual treatment failure, curtailing future treatment options and leading to the transmission of drug-resistant strains of HIV.

The authors also maintains that, at present there are few health care providers skilled in the provision of ART and in the management of patients who are on treatment, the existing health infrastructure is incapable of monitoring viral load, immune status, or the side effects of ARV's, medicine procurement and distribution systems are weak, interruptions in the medicine supply chain are likely. In addition, they highlighted current concern about the theft of medicines from health institutions for sale in the market, shops and private clinics and across national borders.

This shows that training influenced a lot in provision of ART. Health care providers need to get many training in order to increase their skills and knowledge in managing the people who have been affected with HIV/AIDS. Health care systems cannot perform adequately without sufficient numbers of skilled, motivated and supported health care workers. Yet, a critical shortage of 4.3 million health care providers exists world wide, hampering the delivery of important health interventions, including scaling up HIV/AIDS services toward universal access. Infact limited human resources for health is considered the single biggest obstacle to attain universal antiretroviral therapy ART coverage. The World Health Report 2006: Working Together for Health).

2.3.1 General Studies

Agarwala, T. (2007), defines Training is a process that attempts to improve employee performance on a currently held job by providing the employee with the knowledge and skills needed for their present job. It is designed to bring about changes in specific knowledge, skills, attitudes or behavior.

Armstrong, M. (2012), defines training as the systematic application of formal processes to impart knowledge and help people to acquire the skills necessary for them to perform their jobs satisfactorily.

Gupta, C. B. (2011), defines training as the process of increasing the knowledge and skills for doing a particular job. It is an organized procedure by which people learn knowledge skill for a definite purpose. The author also distinguishes training and education.

Training should be distinguished from education. Training is any process by which the aptitudes, skills and abilities of employees to perform specific jobs are increased. Education is the process of increasing the general knowledge and understanding of employees. Thus, education is wider in scope and more general in purpose than training.

2.3.2 Empirical Studies in Tanzania

According to the report online (2010), National Institute for Medical Research (NIMR) Health-care priorities refer to the selection of health services provided first in order to improve health benefits and the distribution of health resources.

Health research priorities, on the other hand refer to diseases, condition and risk factor that produce a significant burden of disease but lack an effective intervention for their control. Health research priorities also include the investigation of ways of improving the overall effectiveness of health systems. The health priorities of a country and the health research priorities are linked and overlap to some extent.

However, they are not one and the same. Due to transformation of the health care delivery system and disease dynamics and the need to address the pressing health and development challenges in the country, it is imperative that health research priorities be determined for Tanzania in both short and long term. Thus, there is need to revise health research priorities from time to time.

Both, J. Roosmalen J. V. (2010), however, positive effects of HIV/AIDS program, such as improved infection control and the enhancement of the healthcare provider's general knowledge and skills, have been identified. In general, PMTCT program tend to focus primarily on the provision of a package of services seeking to reduce mother to child transmission.

According to the information online (2015), Tanzania Commission for AIDS (TACAIDS) the HIV epidemic in Tanzania poses a major threat to the national Development. It constitutes one of the most difficult challenges of development to in our country as its causes a wider spread suffering among individuals, families and communities. It has not only managed to attack the most productive members of our communities, but also left many children orphaned and taken care of by the elderly

who are also helpless. This has been a growing trend from 1983 when the first HIV/AIDS cases were reported in Kagera.

2.4 Research Gap

Although some studies have been reported about the impact of training but much has been covered in literature review reflect the studies conducted outside Tanzania and few of them were conducted in different areas of Tanzania.

However an extensive study with wide range of sample is needed to reveal more about the impact of training in Temeke municipal. The current study is expected to fill the gap and provide more insights on the extent of the problems and its consequent effects all together. The study will also help to improve the level of performance to meet the goal of the organization.

2.5 Conceptual Framework of the Study

Figure 2.2: Conceptual framework of the study constructed by the researcher

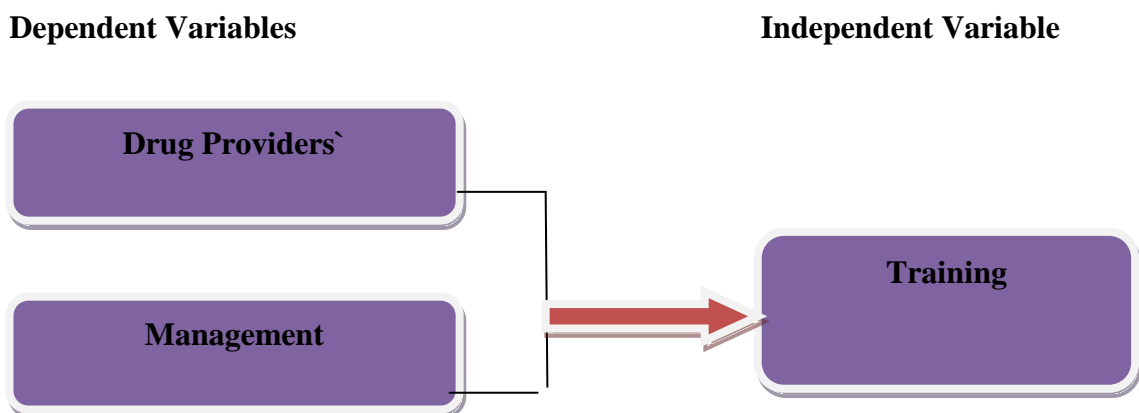


Figure 2.2: Conceptual Framework

Source: Researcher own constructed

2.6 Theoretical Framework

The impact of training on management of ARV's drug providers can be categorized into two parts, the independent variable which is training and dependent variable which are drug providers and management as illustrated in the Figure 2.2.

According to Ngirwa, C.A. (2005), Training is a learning process in which people acquire knowledge, skills, experience and attitudes that they need in order to perform their jobs well for the achievement of their organizations' goals.

2.7 Management

Management is the process of efficiently getting activities completed with and through other people. The management process includes the planning, organizing, leading and controlling activities that take place to accomplish objectives. Decenzo, D.A and Robbins, S.P (1998).

2.8 ARV Drug Providers'

These are the trained people that give drugs to those people that have been affected with HIV; it can be children or adults, for the purpose of improving their health. For example doctors, and pharmacists.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Overview

Research Methodology is a way to find out the result of a given problem on a specific matter or problem that is also referred as research problem. In methodology, researcher uses different criteria for solving/searching the given research problem.

It also constitute a logical sequence that connects the empirical data to a study's initial research questions and ultimately to its conclusions (Yin, 1994). It consists of two different but related sets of activities: the first set of activities (also termed the conceptual part) is concerned with the questions to be answered in order to reach the research goal. The second set of activities is related to how one is going to collect relevant data to answer the research questions specified in first part. Hence in this chapter, explanations on the research design, strategies, population, sample and sampling procedures were provided. The chapter also provides explanations on the variables, data collection methods and instruments as well as data analysis procedures.

3.2 Research Design

A research design is the arrangement of conditions for collection and analysis of data in a manner that aims to combine relevance to the research purpose with economy in procedure. Kothari, (2014). For the purpose of this study qualitative approach have been employed to assess the impact of training on the management of ARV drug providers.

3.3 Area of the Study

The area of the research has been done in Temeke Municipal. This minimizes the cost of research because the researcher is working in Dar es Salaam.

3.4 Survey Population

In this research proposal, the population was at health sites, both government and private hospitals at Temeke Municipal in Dar es Salaam region.

3.5 Data Collection Methods

Qualitative research approach was used during data collection. Denzin and Lincoln (1994) define qualitative research as a multi method in focus involving an interpretive and naturalistic approach to its subject matter. Employment of qualitative approach associated the use of research methods such as interviews, observations and documentary analysis. Qualitative approach have been used because it gives an opportunity for one aspect of a problem to be studied in depth and enable the researcher to collect facts and study their relationship.

3.6 Sample, Sampling Design and Procedure

The sample size was 110 out of 140 health sites. The purposeful sampling was based on sufficiency of available information for public sharing. The researcher is expecting to provide 10 questionnaires to each site, where by 5 questionnaires were for doctors, 3 for pharmacists and 2 for stock managers.

Purposive or judgmental sampling was used. Samples selected on purposive were base on the knowledge of a population, its elements and the purpose of the study. The reasons for using this kind of sampling;

- (a) Health sites that have been easy to reach.
- (b) Financial resources
- (c) Information was easy to get.

3.7 Variables and Measurement Procedure

The researcher used both primary and secondary data. Using oral interview from participants who attended the training, doctors and other health workers collected the primary data. Secondary data was collected from past training reports and recommendations in regards to issues on training drugs provided.

3.8 Data Processing and Analysis

Data was collected manually and qualitative data analysis was used as well. The data collected was effectively examined, verified and edited for the purpose of satisfying the evidence for answering the research questions. The data collected provided the researcher with evidence in order to obtain answers to the research questions and come up with a concrete and reasonable conclusion on the impact of training on management of ARV drugs providers.

3.9 Reliability and Validity of Data

3.9.1 Reliability

Helen, G (2008) Reliability is the accuracy of the scores of a measure. Reliability is different from validity. Reliable measure is a measuring sometimes accurately, but not necessarily, what is supposed to be measured. In this study the researcher established the reliability of the questionnaire by using pre-testing. The researcher distributed questionnaire to the group.

3.9.2 Validity

Validity is an aspect, which is concerned, with whether the findings are really about what they appear about. It is a measure of how well a test measure what is supposed to measure. Saunders, (2007). To establish the validity of instruments, instruments were pre-tested by administering the questionnaires to doctors and nurses of Temeke sites. The intention is to correct errors that might appear before the main study.

3.10 Ethical Consideration

The researcher ensured the confidentiality to her respondents on the information, which provided. This is because some of the respondent may be uncomfortable to provide some of the information.

CHAPTER FOUR

RESEARCH FINDINGS AND DATA ANALYSIS

4.1 Introduction

This chapter discusses the analysis of the questionnaire and presentation of the findings of the study undertaken through the examination of independent variables and dependent variables. Out of the 110 questionnaires, 80 were returned and hence used for analysis in this study.

4.2 Demographic Data of Respondents

Table 4.1: Responds According to Gender

S/N	Description by Gender	Number	Percentage (%)
1	Male	30	37.5
2	Female	50	62.5
	Total	80	100

Source: Research Data (2015)

Table 4.1 shows that female responded by 62.5% and male responded by 37.5% this implies that female cooperated very well during the research when comparing with males.

Table 4.2: Responds According to Age

S/N	Description by Age	Number	Percentage (%)
1	20-30	10	12.5
2	31-40	15	18.75
3	41-50	30	37.5
4	50-60	25	31.25
	Total	80	100

Source: Research Data (2015)

Table 4.2 shows that majority of Temeke Health Sites employees are adults at the age between 41-50 years that is 37.5% and the group which is small is at the age between 20-30 years that is 12.5%. Also it shows that adults responded well to the research that was conducted to compare with other age groups.

Table 4.3: Responds According to Education

S/N	Description by Education	Respondents	Percentage (%)
1.	O - Level	2	2.5
2.	A - Level	8	10
3.	Diploma	20	25
4.	Degree	40	50
5.	Post Graduate	10	12.5
6.	Other	0	0

Source: Research Data (2015)

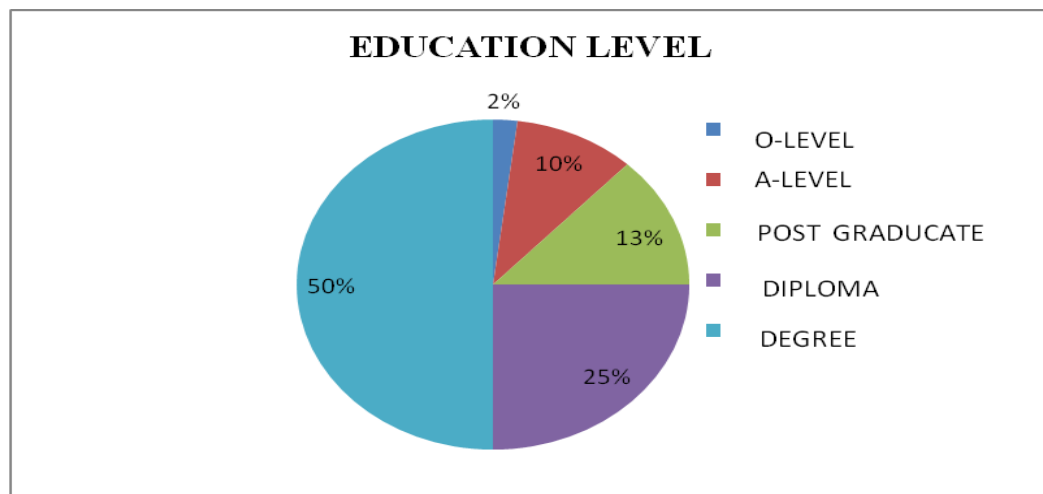


Figure 4.1: Responds According to Education

Source : Research Data (2015)

Table 4.3 and Figure 4.1 shows that employees with degree are the ones who responded in huge numbers to compare with other groups. Also it indicates that Temeke Health sites has large number of employees with degree qualifications to compare with other qualifications. This may be due to its service, which they provide, and having well training programs.

Table 4.4: Responds According to Positions

S/N	Description by Position	Respondents	Percentage (%)
1.	Management Level	4	5
2.	Senior Officers Level	40	50
3.	Officers Level	30	37.5
4.	Other	6	7.5
	Total	80	100

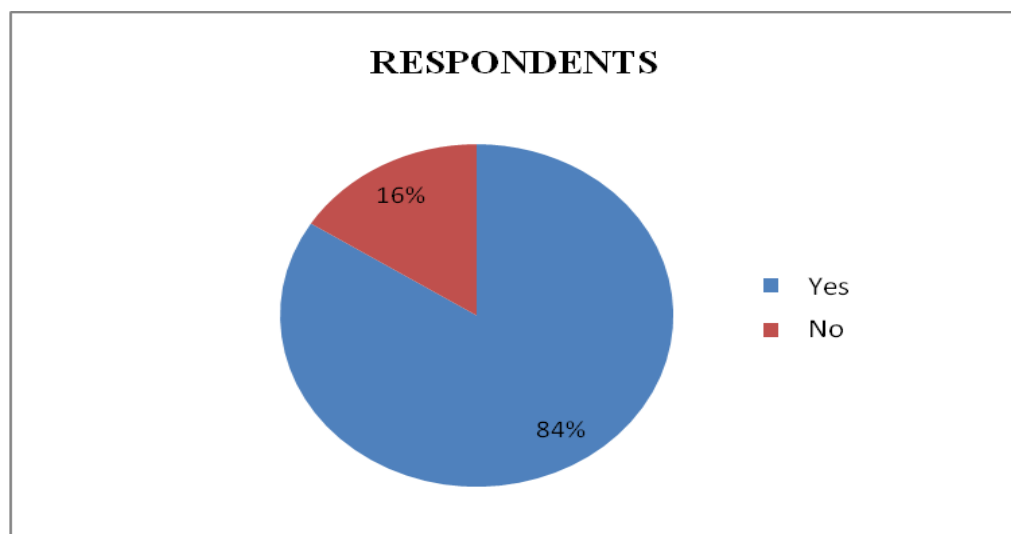
Source: Research Data (2015)

Table 4.4 shows that employees in senior officers level and officers level responded in that research by 50% and 37.5% respectively to compare with other position holders that is indication that other employees do not see the importance of training.

4.3 Influence of Training on Organizational Performance

Here the researcher tested the two variables that are training as independent variable and management and drug providers as dependent variables in order to establish the relationships between them and the followings tables shows the results.

4.4 Do Employees Know Health Sites Training Program

**Figure 4.2: Awareness of Training Program**

Source: Research Data (2015)

The Figure 4.2 indicates that the majority of employees of Temeke Municipal health sites are aware of the training program as you can see 84% of them which are about 67 respondents among 80 respondents know the training program to compare with 16% which are about of 13 employees among 80 respondents who are not aware. The awareness is caused by training policy whereby every employee is informed what kind of training she/he undergone during the year due to several reasons.

4.5 Does Training Influence Organizational Performance

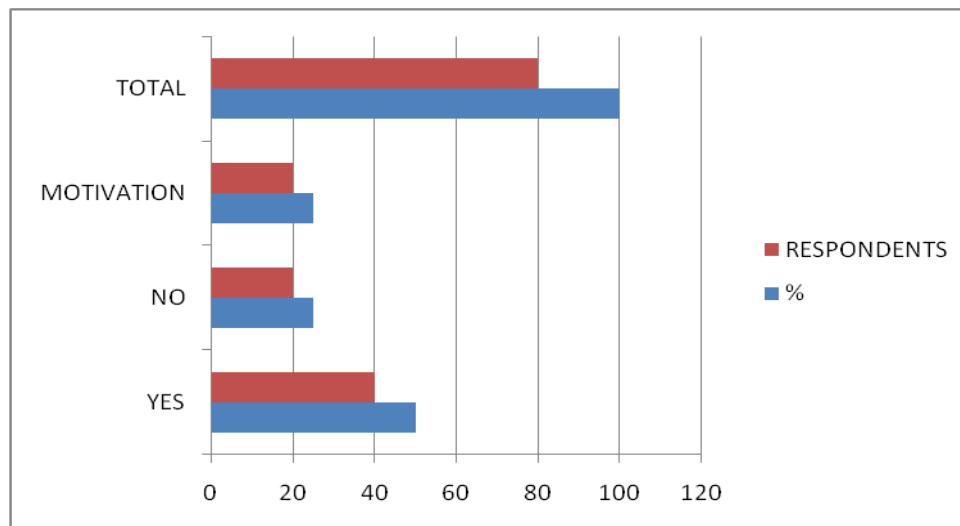


Figure 4.3: The Influence of Training in Organizational Performance

Source: Research Data (2015)

Figure 4.3 explains that 40 respondent's i.e. 50% agree that training enhance organizational performance because their skills are increased with individual performance enhanced and they become experts on their areas of work, 20 respondents i.e. 25% disagree on the matter for the fact that they see it as routine thing and 20 respondents i.e. 25% they associate training with motivation of employees because when they are attended training they get some allowances and having time to rest.

4.6 Kinds of Training Preferred by Employees

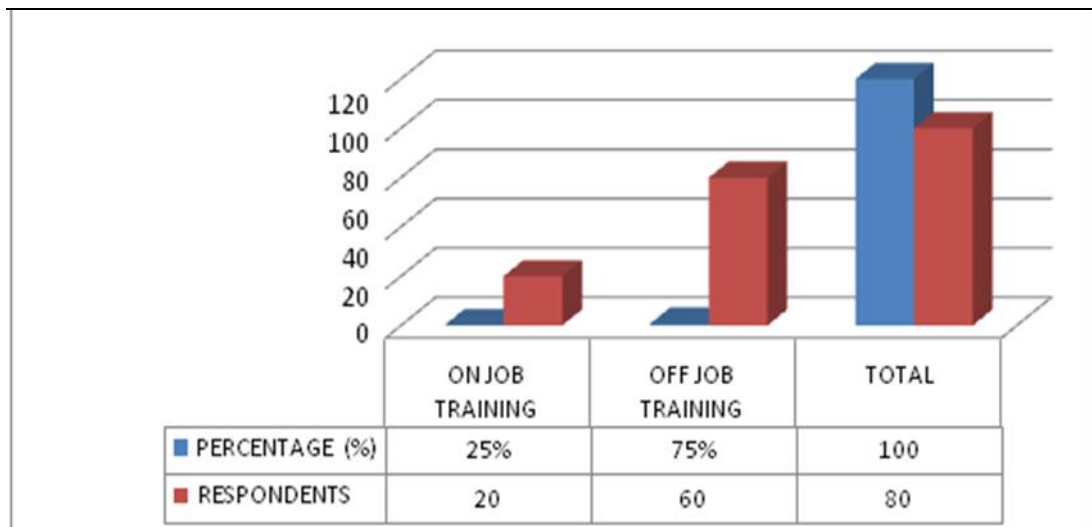


Figure 4.4: Kinds of Training Preferred

Source: Research Data (2015)

Figure 4.4 indicates that 75% i.e. 60 of respondents prefer off job training for the reasons that it has more allowances, mixture of learning methods which varies accordingly that are long courses, seminars, role play, Workshops, and case studies. Also during the training they meet with different people from other organizations and change ideas. While 25% i.e. 20 respondents prefer on job training for the reasons that they are comfortable to be trained in their environment.

4.7 Employees Perception Regarding Training

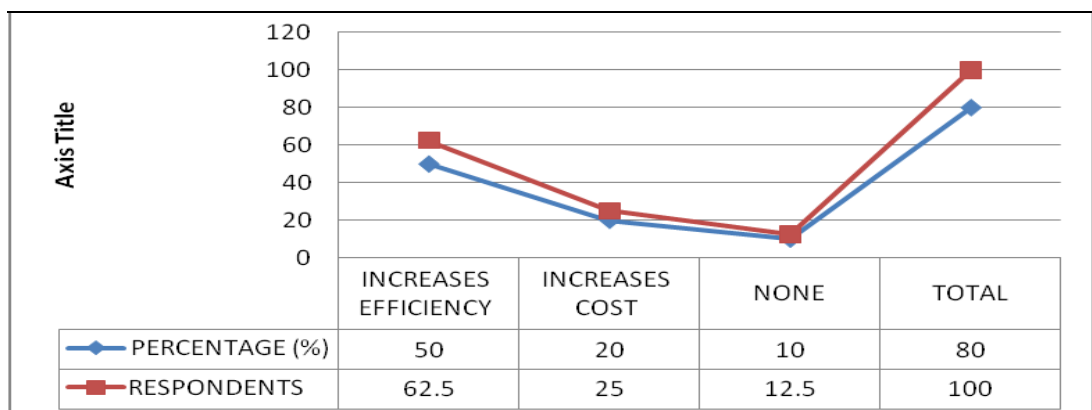


Figure 4.5: Employees Perception Regarding Training

Source: Research Data (2015)

Figure 4.5 shows that 62.5% respondents perceive training as a tool of increasing efficiency, skills and knowledge as it have helped them to enhance their performance hence organizational performance, 25% of respondents perceive training as a tool of increasing organizational cost because some employees were taken to various training but still their performance have not improved. While 12.5% of respondents haven't perceived anything because since they were employed they have never been trained.

4.8 Challenges Facing Organization in Implementing Training

Table 4.5: Challenges Facing Organization in Implementing Training

S/N	Challenges in Implementing Training	Respondents	Percentage (%)
1.	Minimum Resources	70	87.5
2.	Fear of Labour Turnover	10	12.5
	Total	80	100

Source: Research data (2015)

The Table 4.5 shows that 70 respondents i.e. 87.5% of them are anxious about resources financially if health sites of Temeke Municipal shall be able to cater all for their training needs because of the few resources they have to accommodate all needs. However, 10 respondents i.e. 12.5% they have nervous that after their subordinates acquires new skills and expertise they leave and go look for other opportunities.

Figure 4.6 reveals that 50% of respondents agree that in Temeke Health Sites, employees are given relevant training according to their job. However, few of them do not agree which are 50% of respondents.

4.9 Relevancy of Training

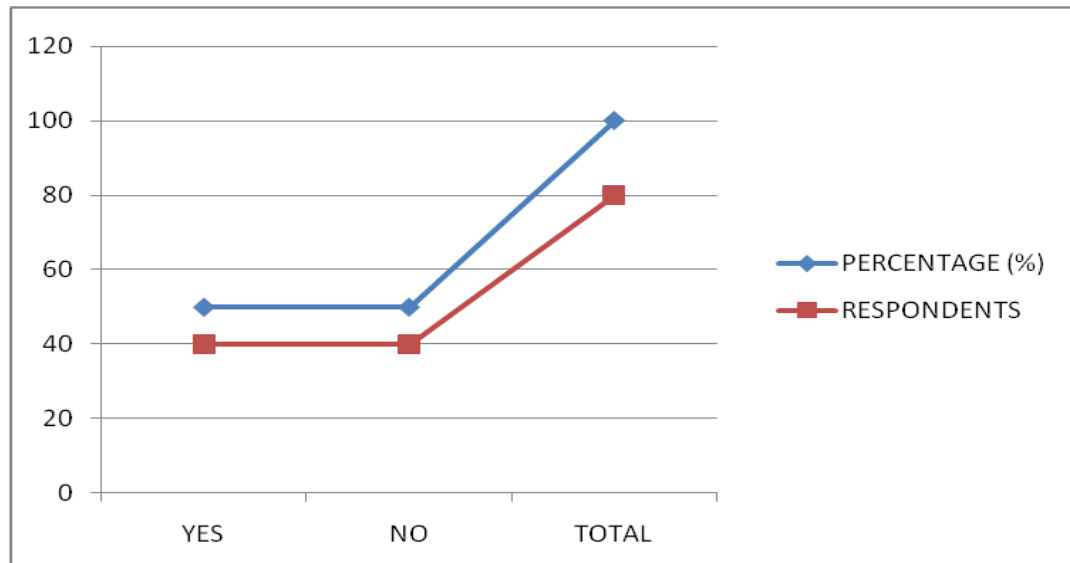


Figure 4.6: Are Employees Given Relevant Training?

Source: Research Data (2015)

4.10 Discussion of the Findings

The data shows that 40 respondents who were 50% agree that training enhance organizational performance because their skills were increased and they became experts in areas of work in providing ARV's in quality service and 20 respondents who were 25% disagree and see training as a routine thing in their job, but 20 respondents who were 25% associated training with motivation of employees.

According to Harries et al. (2011), the authors maintain that at present there are few health care providers skilled in the provision of ART and in the management of patients who are on treatment, the existing health infrastructure is incapable of monitoring viral load, immune status, or side effects of ARV's medicine procurement and distribution systems are weak, interruptions in the medicine supply chain are likely.

The research findings indicated that, there are challenges in implementing training which were minimum resources and fear of labour turnover, where by 70 respondents i.e. 87.5% of them are worried about resources financially if Temeke Health sites shall be able to cater all for their training needs, however 10 respondents i.e. 12.5% they were nervous that after their subordinates acquire new skills and expertise they left and look for other opportunities.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATION

5.1 Introduction

Chapter five discusses conclusions, findings of the study and recommendations for immediate action and further studies.

5.2 Conclusion

The main purpose of the study was to investigate the influence of training to ARV's drug providers in the health facilities in Dar-es-salaam at Temeke Municipal. The study used qualitative method in analysis of data. The researcher used both Primary and secondary data in collecting the data. The primary data was collected by using oral interview from participants who attended the training, doctors, pharmacists and stock managers and secondary data was collected from past training reports. The researcher used tables and various figures in order to illustrate the findings, which found in the field of a research.

5.3 Findings of the Study

Findings of this study indicates that, almost some of the participants attended on job training, their questions and answers were covered and with that it could clearly be seen that the information obtained was adequate to fill all the objectives of the study. Some of the participants mentioned that the only reason why they were not able to attend the training was:

“almost all the training that were normally conducted involved other staff members who are not in the field of ARV service

providers and left behind those who were supposed to attend the particular training.”

Some of the participants indicated that, the training provided to them was not enough due to the fact that there was no sufficient time for them to grasp in detail to improve their performance in their line of duty:

“the training should be scheduled at least twice a year in order to perform our work well and increase knowledge”.

The findings also indicated that the training on dispensing ARV drugs to health facilities in Temeke Municipal played a major role in the whole process of service delivery. There is a need for a large pool of well-trained healthcare professionals to provide adequate coverage. The training needs to be innovative of rigorously high quality and able to keep up with new developments. On the other hand, the training must be user friendly and be delivered closer to where facilities are. Finally despite the fact that the MOHSW has focused in developing strategies on increasing the availability of health care services, there is a severe gap between the human resource availability in the health sector.

5.3 Recommendations

Based on the study, the researcher recommends the followings for immediate action in order to improve the service of providing ARV's drugs for the Ministry of Health and Social Welfare health centers. Many training should be provided to health care providers about ARV's since training enable them to perform their work effectively.

Ministry of Health and Social welfare should strengthen another supplier to compete with MSD in order to improve efficiency in ARV dispensing. Create links or

relationships between facilities, there should be the system to take drugs to any hospital in case they need it if they did not get where they were supposed. There must be a referral system for the drugs provision.

Appropriate transfer of knowledge and skills to health personnel through competency-based training is highly recommended to implement and strengthen logistics functions at all levels and to provide effective monitoring and supervision of the supply chain for HIV/AIDS commodities. Communication system between different health sites and individual officers should be improved hence facilitates information exchange in case of an introduction of new ARV drugs.

A researcher suggests that, there should be an improvement of human resource capacity to enable the management to get qualified employees for better service providing. Improve co- ordination amongst departments involved in medical supply management so as to ensure accuracy of exchanged information and follow up of the procurement of drugs.

5.4 Suggestions for Further Research

This study focused on improvement of the performance of ARV drug providers for the Ministry of Health and Social Welfare health centers in Temeke Municipal. However there are many factors which influence the drug providers to dispense the ARV drugs in efficient ways and they were not included in this study. Therefore, further studies should cover other factors like the role of motivation in providing ARV's drugs so as to establish the relationship between the patients and health care providers in order to provide quality service which is required by Tanzanian population.

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Q: 5. Are you a

- (a) Permanent employee
- (b) Temporary employee
- (c) Contractual
- (d) Trainee
- (e) Exchange staff

Q: 6. How long have you been working as a Pharmacist/Nurse/Doctor? On what capacity or position?

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Q: 7. Does your health site have the policy for training? Is it general or there is a specific policy for pharmacist? If not why and what is your opinion on that?

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Q: 8. Have you attended any training since joining your health site? Yes ()

No ()

If yes, which type of training have you attended?

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If not why?

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Q: 9. Have you ever attended any ARV drugs providing training programme?

Yes ()

No ()

If yes how many times?

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.....

If no what might be the reasons?

.....

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Q: 10. What did you learn from the ARV drugs providing training you attended?

(Procedures, process and importance etc)

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Q: 11.What benefits you got from the training you have attended? (Knowledge and skills on time, effectiveness, efficiency in ARV drug providing etc)

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Q: 12.Was the time for training program sufficient?

Yes ()

No ()

If not please give reasons!

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Q: 13.To what extent can you compare your performance before and after training?

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Q: 14.What is your opinion on the trainer`s competency to the area they participate/taught?

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Q: 15. Was there any promotions/change of position after training?

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Q: 16. What challenge do you still face in providing ARV drugs in your site?

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Q: 17. Do you have any comment on ARV drug providing training and other training development program you attended in medical field?

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Appendix II: Professional Profiles of Study Participants

S/N	Health Facility/ Site	Type of Staff
1	Temeke Health Site (CTC)	Doctors, Stock Managers and Pharmacists
2	Mbagala Rangi Tatu Site (CTC)	Doctors and Pharmacists
3	Kizuiani Health Site	Doctor, Stock Managers and Pharmacists
4	Yombo Health Site	Pharmacists, stock Managers
5	Makangarawe Health Site (CTC)	Doctor & Assistant stock managers
6	Vijibweni Health Site (CTC)	Doctors and Pharmacists
7	Kigamboni Health Site	Doctors and Stock Manager
8	Pasada Head Office	Doctors and Pharmacists
9	Mbande Health Site	Pharmacists & Assistant stock managers
10	Tambuka Reli	Doctors and Pharmacists